

Montana Department of Revenue



SAMPLE REQUEST

NABCA Number	Product Description	Number of Cases	Vendor Sampling	Ship to Agency #
Broker/Repres	sentative:			
Date of Reque	est:			
Reason for Sa	imples:			

Please follow the guidelines below:

- 1. Requests must contain complete NABCA number (i.e. 530-93204-75)
- 2. When submitting your requests, please use one of the following:
 - ✓ Fax: (800) 332-6135 Option 3 1
 - ✓ Mail: 2517 Airport Road, Helena, Montana 59601
 - ✓ Email: bwiensch@state.mt.us or sswanson@state.mt.us